

Application to Inspect Public Records

Office of the City Clerk
CITY OF KINGSPORT
225 West Center St
Kingsport, TN 37660
(423) 229-9384

NAME, ADDRESS, and TELEPHONE NUMBER of person who will make inspection:

RECORDS requested for inspection (BE SPECIFIC): _____

Copies desired: YES NO (Please circle your choice) See Fee Schedule below.

SIGNATURE of person making request: _____

DATE: _____

Fee Schedule

For City Clerk's Office to Complete:

Up to 10 Pages (No Charge)	_____ X \$0.00	NO CHARGE
Chargeable Pages (black & white)	_____ X \$0.15	\$ _____
Chargeable Pages (color)	_____ X \$0.50	\$ _____
Audiotape/CD/DVD	_____ X \$5.00	\$ _____
Labor [assessed after one (1) hour is incurred producing requested material]	_____ hrs X \$____.00 (per hr.)	\$ _____
911 Audiotape/CD	_____ X \$85.00	\$ _____
TOTAL:		\$ _____

APPLICATION: Granted _____ Denied _____ Date: _____

Municipal Clerk / Deputy City Recorder

Records Request FY09 UPDATED.doc

12/22/08